

# To keep TennCare, you must renew every year. “Renew” means to apply again.



These pages are used to **renew** (try to keep) **TennCare** for you and your family.

If you don't have TennCare now, you can't use these pages to apply to get it.

You can't use them to apply for Food Stamps or Families First payments.

**Do you want to apply for any of those kinds of help?** You need different application papers.

To get those papers, call DHS (Department of Human Services) at **1-888-863-6178**. It's a free call.

## How do you know when it's time to renew TennCare?

When it's time to renew TennCare, you will get a letter. The letter says, "It's time to renew your TennCare." Did you already get this letter? You have **90 days** after TennCare mails your letter to get your pages to DHS. Try to do it **as soon as you can**. To find out when your renewal pages are due, call DHS at **1-888-863-6178**. It's a free call.

## How do you renew TennCare?

- 1. Answer every question you can on the first 3 pages.** It's OK if the answer is "0" or "none".  
We must have proof for some of the facts you give us. If we do, we'll tell you the kind of proof we need.  
If you need more room, you can add more pages.
- 2. Have every working adult in your home ask their employer(s) to fill out page 4** about their job.  
You can make more copies of that page if you need to.
- 3. Be sure to read page 5.** It tells you about your rights.
- 4. Get these renewal pages and your proof to your DHS county office.**  
Get them to DHS as soon as you can. You can:
  - **Mail** them.
  - **OR Drop them off.**
  - **OR Fax** them.

To get the address or fax number of your county office, call DHS at **1-888-863-6178**. It's a free call.

If you get these pages **and** all your proof to DHS, that's all you have to do. You don't have to set a time to talk to them. If they need more facts or proof, they'll tell you. Please get them the facts or proof they need.

**Keep a copy** of your renewal pages and everything you send in.

## What if you can't finish your renewal pages or get your proof on time?

If you can't finish your renewal pages or get your proof on time, do as much as you can. **Get what you have to DHS on time.** Remember: **you only have 90 days**. If DHS gets your pages on time, you can keep TennCare while they help you finish. If you don't have all your proof, they can help get that too.

## What if you don't get these renewal pages to DHS on time?

If you don't get these renewal pages to DHS on time, **your TennCare will end.**

TennCare will send you a letter that tells you how to appeal.

## Do you need help?

DHS can help you fill out these renewal pages or get facts and proof. Ask them to help you.

If you need more time, tell DHS. They will give you more time.

**If you need help, please ask.** You can call DHS at **1-888-863-6178**. It's a free call.

Your local DHS office can help you too. Call or go by and tell them you need help.

**DHS USE ONLY**

Date Received: \_\_\_\_\_

Case Worker: \_\_\_\_\_

**Is someone helping you fill out these pages?**☐ Yes ☐ NoIf yes, is it OK for us to talk to that person about you or your case? ☐ Yes ☐ No

If yes, then tell us: Their name \_\_\_\_\_

Their phone number: (\_\_\_\_\_) \_\_\_\_\_ - or - (\_\_\_\_\_) \_\_\_\_\_

**1. Tell us who YOU are and where you get your mail.**

Name of person renewing TennCare: \_\_\_\_\_

Home address (NOT a P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - or - (\_\_\_\_\_) \_\_\_\_\_

What's the best time to reach you by phone? \_\_\_\_\_

Are you **homeless** now? Yes ☐ No ☐ Are you living in a shelter? Yes ☐ No ☐What **language** do you **speak** best? ☐ English ☐ Spanish ☐ Other Language \_\_\_\_\_What **language** do you **read** best? ☐ English ☐ Spanish ☐ Other Language \_\_\_\_\_Do you have a **disability**? Yes ☐ No ☐ If yes, what is it? \_\_\_\_\_**Do you need DHS to help you** renew your TennCare? Yes ☐ No ☐**2. Tell us everyone who lives in your home now, even if they don't have TennCare.**

Who lives in your home now? Full Name – First, Middle Initial, Last	Does this person want TennCare?	Date of Birth (Month/ Day/Year)	Social Security number: <b>ONLY if this person wants TennCare</b>	How is this person related to you?	Sex M /F	Want to tell us your Race? *** (W, B, Y, A, H, I or O)
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					

\*\*\* If you want to tell us your race, please use these letters.

**A** = Asian**H** = Native Hawaiian or Pacific Islander**W** = White**B** = Black or African-American**I** = American Indian or Alaskan Native**Y** = Hispanic**O** = Other**Is anyone in your home pregnant?** Yes ☐ No ☐ If yes, tell us who. \_\_\_\_\_**Keep Going. There are 4 more pages for you to read and fill out.**

If you need help, please ask. You can call DHS at 1-888-863-6178. It's a free call.

Your local DHS office can help you too. Call or go by and tell them you need help.

### 3. Send proof of where you live.

**Send in one kind of proof of where you live.** Don't send an original. Send a **copy** of something like a:

- Rent or House Payment Receipt
- Property Tax Statement
- Light or Water Bill

**Are you getting help at a shelter?** Yes ☐ No ☐ If yes, show this renewal to your Social Worker there. The Social Worker can help you get this proof.

**Are you temporarily living out-of-state?** Yes ☐ No ☐

If yes, tell us why. \_\_\_\_\_

To keep TennCare, you must prove that Tennessee is your permanent home and you are coming back.

### 4. Send proof of your income.

**Does anyone in your home work?** Yes ☐ No ☐ If yes, you must send proof of that person's earnings. Have your **employer** fill out the **"TennCare Proof of Income/Insurance"** page.

What if you **can't** get your employer to fill out the **"TennCare Proof of Income/Insurance"** page?

You can send copies of **pay stubs** or proof of earnings **for the last 2 months for each job.**

What if you **don't** have **all** your pay stubs **for the last 2 months?**

Tell your DHS worker. They can help you get proof of your income.

**Is anyone self-employed?** Yes ☐ No ☐ If yes, tell us the kind of work they do. \_\_\_\_\_

If yes, send **copies** of their **last federal income tax return with all schedule attachments.**

If you don't have your tax forms, send other proof. Remember - Don't send the original. Send a copy.

**Tell us about any work you get paid for, even odd jobs where you don't pay taxes.**

Name of person (Who earns this money?)	# of hours worked each week	How much do they get before taxes each pay period?	How often do they get paid? ***	Name of Employer (Are you self-employed? Tell us the name of your business if it has one.)	Phone number of Employer
		\$			
		\$			
		\$			

\*\*\* Daily, Weekly, Every 2 weeks, Twice a month, Monthly

**Is there an adult in your home with no income?** Yes ☐ No ☐ If yes, who? \_\_\_\_\_

Explain how this person pays the cost of daily living. For example: living with a friend or relative, rent is paid by another person, living off savings, etc. \_\_\_\_\_

**Does anyone get Social Security/SSI income or Unemployment payments from Tennessee?**

Yes ☐ No ☐ If yes, **don't** send proof of this income. We'll get it for you.

**Does anyone get unearned income from any of these places?** Yes ☐ No ☐

If yes, tell us about it below and send proof. Don't send the original. Send a copy.

- Money from friends or relatives
- Retirement Payments
- Disability Payments
- Child Support Payments
- Unemployment Payments from another state
- Veteran's Benefits
- Workers' Compensation
- Rental Income
- Interest / Dividends / Royalties
- Alimony
- Other

Name of person (Who gets this money?)	What kind?	How much do they get?	How often?	Who pays them?	What is their Phone Number?
		\$			
		\$			

**Does anyone pay for child care or care for a disabled adult?** Yes ☐ No ☐ If yes, fill in the boxes below. Send proof that shows **who gives the care** and **how much you pay them.**

Who gets this care?	Who pays for this care?	How much does it cost?	How often do you pay?	Name and Phone Number of Caregiver
		\$		

**Keep Going. There are 3 more pages for you to read and fill out.**

If you need help, please ask. You can call DHS at 1-888-863-6178. It's a free call.

Your local DHS office can help you too. Call or go by and tell them you need help.

## 5. Tell us if you can get other health insurance.

Can anyone applying for TennCare get health insurance through their job or a family member's job? It doesn't matter if they can afford it, only if they could get it. Yes ☐ No ☐ If yes, tell us who.

Who could get insurance?	Whose job offers it?	Employer Name and Phone Number

Does anyone applying already have health insurance that is not TennCare? This includes Medicare. Yes ☐ No ☐ If yes, tell us who.

Who already has health insurance?	Policy Holder Name	Insurance Company Name	Group or Individual Policy Numbers

Is anyone a Veteran or in Active Military status? Yes ☐ No ☐ If yes, tell us who.

Name	Social Security Number

## 6. Tell us what you own.

If you don't want to tell us what you own, that's OK. We'll see if you can keep TennCare Standard.

Do you want to tell us what you own? Yes ☐ No ☐ If no, go on to number 7. If yes, fill in the boxes below.

Do you own:	What's it worth now?	How much do you owe on it?
Property (besides the home you live in)*	\$	\$
Checking accounts	\$	
Savings or credit union accounts	\$	
Cars and trucks Tell us the make, model and year below *	\$	\$
Make _____ Model _____ Year _____	\$	\$
Make _____ Model _____ Year _____	\$	\$
Motorcycles and boats	\$	\$
RVs and campers	\$	\$
Stocks and bonds	\$	
IRAs and Keogh Plans	\$	
Other (Tell us what: _____)	\$	\$

\*We don't count the home where you live. We don't count one car if you use it to get health care or medicine.

## 7. Sign here.

I am giving my OK for DHS and TennCare to get information about me and my family. They can get it from other people or agencies. This includes government agencies, employers and places we get health care.

The information I give on this TennCare Renewal is true as far as I know. What if I give untrue information on purpose? What if I hold back facts about what I've been asked on these renewal pages? I could go to jail or have to pay TennCare back. I could also be charged with a crime like perjury or a felony.

**Sign Here X:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Person Applying / Head of Household

**Witness Sign Here** (if person applying is unable to sign) **X:** \_\_\_\_\_

**Witness** Print your name: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do you want us to help you register to vote in the next election?** Yes ☐ No ☐ If you do, we'll send you an application. We can help you fill it out. You don't have to apply to vote to get TennCare or any other help from DHS.

**Keep Going. There are 2 more pages. One is for your employer to fill out.  
The last page is for you to read and keep.**

If you need help, please ask. You can call DHS at 1-888-863-6178. It's a free call.  
Your local DHS office can help you too. Call or go by and tell them you need help.

## TennCare Proof of Income and Insurance

**Every working adult** in your household should ask their employer(s) to fill out this page about their job. Ask your employer(s) to fill out the part below the line. You can make copies of this page if you need to.

**What if you can't get your employer to fill it out?** Or, what if you don't get it back **before your 90 days is over?** Give DHS the rest of your renewal pages. You can give them other proof of your income. OR, tell DHS you need help getting proof of your income.

Print Your Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**I give my OK** for my workplace to give TennCare the facts listed below.

**Sign here: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

### EMPLOYER'S STATEMENT

Name of Business: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

1. The above-named person is an employee of this business. ☐ Yes ☐ No

2. Does he/she **have health insurance** as an employee? ☐ Yes ☐ No

If YES, Insurance Carrier: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

If NO, do you offer group health insurance to your employees? ☐ Yes ☐ No

If you offer health insurance, can he/she apply at any time? ☐ Yes ☐ No

If NO, why not? \_\_\_\_\_

When is the next date he/she can enroll? \_\_\_\_\_ Date: \_\_\_\_\_

3. Does he/she have **family health coverage**? ☐ Yes ☐ No

If he/she doesn't have family coverage, is it available? ☐ Yes ☐ No

If family coverage is available, can he/she apply at any time? ☐ Yes ☐ No

If NO, when is the next date this employee can get family coverage? Date: \_\_\_\_\_

4. Are any family member(s) **not covered** because of a medical condition? ☐ Yes ☐ No

If YES, who? \_\_\_\_\_

5. Please list the employee's last eight (8) weeks gross earnings.

Week #	Date Paid	# Hours Worked	Gross \$ Paid	Week #	Date Paid	# Hours Worked	Gross \$ Paid
1			\$	5		\$	
2			\$	6		\$	
3			\$	7		\$	
4			\$	8		\$	

6. How often is employee paid? \_\_\_\_\_

7. Is this employee salaried? ☐ Yes ☐ No

If YES, what is salary rate? \$ \_\_\_\_\_ per \_\_\_\_\_

If NO, is employee paid hourly? ☐ Yes ☐ No

If YES, what is the hourly rate? \$ \_\_\_\_\_

8. Is employee:

▪ Full-time? ☐ Yes ☐ No If YES, average hours worked per week = \_\_\_\_\_

▪ Part-time? ☐ Yes ☐ No If YES, average hours worked per week = \_\_\_\_\_

▪ Seasonal? ☐ Yes ☐ No If YES, average hours worked per week = \_\_\_\_\_

If seasonal, season begins approximately: \_\_\_\_\_ and ends: \_\_\_\_\_

If you have questions about this form, please ask. Call us toll-free at **1-888-863-6178**.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Title: \_\_\_\_\_

## Your Rights and Responsibilities

Keep this page for your records.

**Do you need help filling out these pages? Do you have questions?**

Call **1-888-863-6178**. It's a free call. In Nashville, call **313-5790** or **313-4888**.

**Do you need help in another language?** Let us know. DHS will get you a free interpreter.

- 
- Anyone who wants TennCare must be:
    - A U.S. citizen or
    - Legally admitted to the U.S. for permanent residence.
  - DHS will use your Social Security numbers to get facts about you and your income. Those facts will be used to prove you can have TennCare. They will not be used to deport you.
  - DHS may give your Social Security numbers to:
    - Police who are looking for lawbreakers;
    - Other state or Federal Agencies (but not the INS); and
    - Collection agencies working to collect money owed to the State.
  - DHS will check the facts and proof you give. You must help get any other information needed for this renewal.
  - You are giving DHS your OK to get facts about you and your family from others. This includes government agencies, employers and places you get health care.
  - DHS has 45 days to see if you can keep your TennCare.
  - If you don't agree with our decision or if DHS decides to stop your TennCare, you can appeal. An appeal is one way to fix problems in TennCare. If you appeal, you can ask for a fair hearing. The letter you get will tell you how to appeal.
  - If you have TennCare, you can't keep any health insurance or medical payments you get from insurance or other companies. Those payments belong to the State. You must sign them over to the State.
  - No one else can use your TennCare card. What if you let someone else use your card? You may have to pay the State back for that other person's medical bills.
  - You must tell DHS about changes in where you live, who lives in your home, your income or your ability to get health insurance. You have **30 days** after the change happens to tell them.  
**If you get** food stamps, Families First payments or **TennCare Medicaid**, the rules are different. Then, you must tell DHS about changes in 10 days.
  - What if the Tennessee Bureau of Investigation or another agency asks for your help catching TennCare fraud and abuse? You must help.
  - TennCare doesn't allow unfair treatment. No one is treated in a different way because of race, color, birthplace, language, sex, age or disability.  
If you think you have been treated unfairly, you can call TennCare at **1-800-669-1851** to report it. It's a free call. In Nashville, call **741-4800**.
- 

**If you need help, please ask.** You can call DHS at **1-888-863-6178**. It's a free call.  
Your local DHS office can help you too. Call or go by and tell them you need help.